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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number
Substitute for Form PTO-875					
CLAIMS AS FILED – PART I					
(Column 1)			(Column 2)		
FOR	NUMBER FILED	NUMBER EXTRA			
BASIC FEE (37 CFR 1.16(a))					
TOTAL CLAIMS (37 CFR 1.16(c))		10 minus 20 =	0		
INDEPENDENT CLAIMS (37 CFR 1.16(b))		1 minus 3 =	0		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					
* If the difference in column 1 is less than zero, enter "0" in column 2.					
CLAIMS AS AMENDED – PART II					
(Column 1)			(Column 2)	(Column 3)	
AMENDMENT A			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
			RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))		Minus	**	=
	Independent (37 CFR 1.16(b))		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
AMENDMENT B			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
			RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))		Minus	**	=
	Independent (37 CFR 1.16(b))		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
AMENDMENT C			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
			RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))		Minus	**	=
	Independent (37 CFR 1.16(b))		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.					
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".					
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".					
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.					

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10687776

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	10	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	10 minus 20=	* 0
INDEPENDENT CLAIMS	1 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY
TYPE

OTHER THAN
OR SMALL ENTITY

RATE	FEES
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	385

RATE	FEES
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	

OTHER THAN
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.